<u>**HEALTH INFORMATION TECHNOLOGY COMMISSION**</u>

Minutes for February 2014 Meeting

Date: Thursday, February 19, 2014   **Location:**   MDCH
1:00 pm – 3:00 pm   1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present: **Commissioners Absent:**

Gregory Forzley, M.D., Co-Chair   Michael Chrissos, M.D.
Robert Milewski   Rodney Davenport, CTO
Nick Smith   Patricia Rinvelt, Co-Chair
Mark Notman, Ph.D.   Jill Castiglione, RPh
Tim Becker
Rozelle Hegeman-Dingle, PharmD   **Staff:**
Orest Sowirka, D.O.
Irita Matthews (Phone)   Meghan Vanderstelt
Phillip Kurdunowicz
Kimberly Bachelder

Guests:

Philip Viges	Tairus Taylor	Ryan Koolen
Tina R. Scott	Travena Green	James Nolan
Bruce Maki	Dara Barrera	Stephanie Arntson
Erika Bailey	Anya Day	Chris Gillett
Amy Grasso	Cynthia Green-Edwards	Kristina Dawkins
Karen Fuller	Doug Copley	May Al-Khafaji
Susan Nordyke	Jeremey Glasstetter	Megan Piotrowski
Jeff Livesay	Nareman Abdallah	Angela Vanker
Michael Taylor	A. Dennis Olmstead, D.O.	Tim Pletcher, PhD

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, February 19, 2015 at the Michigan Department of Community Health with 8 Commissioners present.

A. Welcome and Introductions
1. Chair Dr. Gregory Forzley called the meeting to order at 1:05 p.m.
2. Chair Dr. Forzley noted that the Governor had recently appointed a new commissioner member to the Health Information Technology Commission (Commission).
   a. Chair Dr. Forzley invited Commissioner Rozelle Hegeman-Dingle to introduce herself.
   b. Commissioner Hegeman-Dingle introduced herself. She noted that she is a Medical Outcomes Specialist at Pfizer and that she would be representing pharmaceutical manufacturers on the Commission.
   c. The other commissioners introduced themselves as well.

B. Review and Approval of the 11/20/2014 Meeting Minutes
1. Chair Dr. Forzley presented the draft minutes from the last meeting to the Commission.
2. Commissioner Robert Milewski made a motion to approve the minutes, and Commissioner Dr. Mark Notman seconded that motion.
3. Chair Dr. Forzley asked if there were any objections to approving the minutes. Seeing none, Dr. Forzley noted that the minutes had been approved at 1:08 p.m.

C. Health Information Technology/Health Information Exchange Update
1. Chair Dr. Forzley asked Ms. Meghan Vanderstelt to provide an update on recent developments in the field of health information technology (HIT) and health information exchange (HIE) in Michigan. The PowerPoint slides for this presentation will be posted to the Commission website after the meeting.
2. Ms. Vanderstelt mentioned that she would not be covering the dashboard during her update today because the dashboard participants would be giving full updates to the Commission during the meeting. She explained further the participants would be providing a review of their organization's 2014 activities and a preview of their 2015 activities.
3. Ms. Vanderstelt also provided an update on the implementation of Public Act 129 of 2014 and the Standard Consent Form (DCH-3927).
   a. Ms. Vanderstelt reviewed the history of Public Act 129 and gave an overview of the process that was used to develop the form.
   b. Ms. Vanderstelt highlighted the participation of a broad group of stakeholders in the Consent Form Workgroup, which included representatives of various state agencies as well as external partners.
   c. Ms. Vanderstelt noted that the Consent Form Workgroup produced three deliverables: a standard consent form (DCH-3927), a "toolkit" with guidance for individuals and providers on how the form could be used, and a strategic blueprint for developing the capacity to electronically manage consent on a statewide basis.
   d. Ms. Vanderstelt also outlined some of the elements of the "toolkit" guidance:
      i. Organizations that provide services for domestic violence, sexual assault, and/or stalking do not have to use the standard consent form.
      ii. The workgroup designed the form to act as a consent form for special types of health information: the form is not a general Health Insurance Portability and Accountability Act (HIPAA) authorization.
      iii. Providers, organizations, and agencies that are listed on the form can share information bilaterally amongst each other.
      iv. The guidance provides details on how individuals can revoke consent to share health information.

> v. Providers are not required to use the standard consent form and can choose to use their own forms, but they must honor and accept the form if is presented to them.
>
> vi. Individuals must renew the standard consent form on an annual basis.

 e. Chair Dr. Forzley asked about how providers been engaged.

> i. Ms. Vanderstelt noted that several provider groups were involved in developing the toolkit under the Stakeholder Engagement Sub-Workgroup.
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> ii. Ms. Vanderstelt also mentioned that the toolkit is a "living set of documents" and that the toolkit documents could be updated in the future. She explained further that the Consent Form Workgroup must reconvene on an annual basis under the requirements of Public Act 129 and that the workgroup could explore making changes to the toolkit as necessary.
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> iii. Chair Dr. Forzley highlighted the importance of continuing to engage stakeholders in this effort.

4. Ms. Vanderstelt noted that the Office of the National Coordinator for Health Information Technology (ONC) had recently published several new grant opportunities.

 a. Practice Transformation Grant

> i. Ms. Vanderstelt explained that ONC designed the Practice Transformation Grant to assist practitioners with transforming their business and clinical practices to prepare for health care transformation initiatives.
>
> ii. Ms. Vanderstelt noted that ONC would $840 million in total funding for all grants over a 5 year period.

 b. Advance Interoperable Health Information Technology Services to Support Health Information Exchange Grant

> i. Ms. Vanderstelt explained that this new grant is American Recovery and Reinvestment Act "2.0" grant.
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> ii. Ms. Vanderstelt noted that ONC has budgeted $28 million for 10 to 12 awardees and that either the state government or state-designated entity for HIE can apply for the grant.

5. Ms. Vanderstelt presented the draft version of the 2014 Annual Report to the Commission.

 a. Ms. Vanderstelt noted that the Office of Health Information Technology (HIT Office) had taken a different approach with the report when compared to previous years: she explained that 2014 Annual Report focuses on 6 domains that are based on the HIT Commission's efforts in 2014 and projected agenda in 2015.

 b. Ms. Vanderstelt identified the following 6 domains that are included in the report:

> i. Stakeholder and Consumer Engagement
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> ii. Governance, Policy, Planning, and Innovation
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> iii. Care Coordination
>
> iv. Person-Centered Planning
>
> v. Privacy and Security
>
> vi. Population Health and Data Analytics

 c. Ms. Vanderstelt asked the Commission for their feedback on the draft report.

> i. Commissioner Dr. Notman and Commissioner Milewski voiced their support for how the report is structured.
>
> ii. Chair Dr. Forzley echoed these comments and noted that the report was now a "pamphlet, not a book."
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> iii. Ms. Vanderstelt noted that Ms. Kim Bachelder designed the report and had done a great job with formatting it.

        iv. Commissioner Milewski noted that this version of the report would be very useful for legislators to review.

        v. Commissioner Hegeman-Dingell mentioned that this version of the report was a very useful document for her in preparing to join the commission.

        vi. Chair Dr. Forzley noted that the commission has made several requests to the Legislature and that the Commission should consider including a list of these historical requests in its annual report.

            a. Chair Dr. Forzley highlighted specific examples of requests such as adding new members to the commission.

            b. Ms. Vanderstelt noted that the report is still a draft and that the HIT Office could add a table of recommendations to the Legislature.

            c. Dr. Tim Pletcher mentioned that the 2014 report would be a great opportunity to highlight what recommendations have or have not been completed or changed.

            d. Ms. Vanderstelt affirmed that the HIT Office could retrieve the annual reports from previous year and collect the recommendations from those reports.

            e. Chari Dr. Forzley asked whether the Commission supports this approach, and the Commission replied in the affirmative.

        vii. Commissioner Dr. Notman inquired about when the final annual report is due to the Legislature.

            a. Ms. Vanderstelt noted that the authorizing legislation for the Commission does not set an official deadline, but the Commission usually strives to submit the report by the end of the first quarter of the calendar year.

            b. Chair Dr. Forzley noted that the Commission and HIT Office should try to finalize the report in the next month or two.

D. HIT Commission Dashboard

    1. Chair Dr. Forzley noted that the participants for the HIT Commission Dashboard would now have the opportunity to present their 2014 activities and 2015 plans to the Commission.

    2. Chair Dr. Forzley invited Dr. Pletcher of the Michigan Health Information Network (MiHIN) Shared Services to present on MiHIN's 2014 activities and 2015 plans. The PowerPoint slides for this presentation will be posted to the Commission website after the meeting

        a. Dr. Pletcher mentioned that MiHIN could align its dashboard with the new domains that are being established as part of the 2014 Annual Report and asked if the Commission would like MiHIN to make this change. Chair Dr. Forzley noted that the Commission should review the material to see if this change would be appropriate.

        b. Dr. Pletcher stated that MiHIN is transitioning from the era of the Health Information Technology for Economic and Clinical Health grant.

            i. Dr. Pletcher noted that MiHIN had expanded and revamped its governance structure to include new types of stakeholders as described below:

                a. MiHIN Board

                    i. Sue Schade (Great Lakes Health Connect)

                    ii. Dr. A.J. Ronin (Michigan State Medical Society)

                    iii. Jim Lee (Michigan Health and Hospital Association)

                    iv. Dr. Taylor Scott (Michigan Osteopathic Association)

                    v. Open Seat for Federally Qualified Health Centers

                    vi. Open Seat for the Behavioral Health Community

  b. MiHIN Operations Advisory Committee (MOAC)
    i. Dr. Pletcher noted that the MOAC and MOAC Working Group are where the "real work" happens.
    ii. Dr. Pletcher noted that each new MiHIN Board Member also has a seat on MOAC, which allows them to advocate for particular use cases.
    iii. Dr. Pletcher mentioned the example of the Michigan Pharmacists Association and the "Access to MAPS" use case.
  ii. Dr. Pletcher also highlighted the importance of incentives and requirements for driving use case adoption and implementation. He specifically referenced the following examples:
    a. Blue Cross Blue Shield of Michigan has launched several programs which create financial incentives for providers to participate in the Admit, Discharge, and Transfer (ADT) Notification use case.
    b. Michigan's regulatory requirement for reporting newborn screening results is driving participation in the use cases related to newborn screening.
  iii. Dr. Pletcher noted the increasing volume of HIE transactions occurring through MiHIN. He also noted some particular use cases that could gain traction in the next year:
    a. Common Key Service
    b. Health Michigan Health Risk Assessment
    c. Medication Reconciliation
  iv. Dr. Pletcher also mentioned MiHIN's presentations at the Annual ONC Convention on ADTs and the Health Provider Directory and noted that they were well received.
  v. Dr. Pletcher reminded the Commissioners that the Connecting Michigan for Health Conference will be occurring from June 3rd through June 5th.
    a. Dr. Pletcher noted that the Governor and Lieutenant Governor would both be presenting at the event.
    b. Dr. Pletcher also mentioned that the HIT Commissioners could receive passes to the event.
c. Chair Dr. Forzley inquired about the reference to the American Medical Association (AMA) and Long-Term Supports and Services (LTSS) on the MiHIN dashboard.
  i. Dr. Pletcher explained that the AMA is currently investigating early intervention programs for diabetes and that AMA wanted to learn about the possibility of using Michigan's HIE infrastructure for pre-diabetic screening work .
  ii. Dr. Pletcher noted that this project is focused on how HIE can support business transformation.
    a. Dr. Pletcher noted that the volume of messages slide shows a "hockey stick" trend in terms of increasing HIE utilization.
    b. Dr. Pletcher noted that importance of asking the question of whether people are changing their behavior based on the increased availability of information through HIE.
    c. Dr. Pletcher highlighted the example of ADTs: he explained that 90% of ADTs are being successfully exchange in Michigan but

stakeholders do not know if 90% of receivers are acting on these ADT notifications.
3. Chair Dr. Forzley introduced Ms. Tina Scott, manager of the MDCH Data Hub team, and invited her to present on the 2014 activities and 2015 plans on the Data Hub team. The PowerPoint slides for this presentation will be posted to the website after the meeting.
    a. Ms. Scott started her presentation by identifying the goals of the Data Hub team as described below:
        i. Support the Electronic Health Record(EHR)Incentive Programs and Meaningful Use objectives
        ii. Enhance interoperability of the Medicaid Enterprise
    b. Ms. Scott demonstrated how the Data Hub team's activities over the past few years supported these goals.
        i. Ms. Scott noted how the team's work on HIE for public health reporting supports the EHR Incentive program as well as general interoperability across system.
            a. Ms. Scott noted that the Department was now supporting electronic reporting for several public health reporting measures.
            b. Ms. Scott highlighted the example of birth defects reporting.
                i. Ms. Scott noted that submitting messages to the Birth Defects Registry counts as submitting messages to a specialized registry under the meaningful use program.
                ii. Ms. Scott also indicated that a national standard for reporting birth defects did not exist when the project started and that Michigan built its own standard.
                iii. Ms. Scott explained further that Michigan is now advocating for the Centers for Disease Control and Prevention to adopt the Michigan standard as the national standard.
        ii. Ms. Scott also explained how the Data Hub team is helping build the necessary statewide infrastructure to promote interoperability , which includes the following systems:
            a. Michigan Identity, Credential, and Access Management System
                i. Ms. Scott noted how MICAM supports the MiLogin Page, which allows citizens and state workers to have Single Sign-On functionality for state applications.
                ii. Ms. Scott noted the first consumer-facing application, the myHealthButton and myHealthPortal combination, went live using the MiLogin system in 2014.
                iii. Ms. Scott noted that the Data Hub team is continuing to build the functionality for the state worker-facing side.
            b. Master Person Index
            c. Provider Index
    c. Ms. Scott provided an outline of the Data Hub team's plans for 2015.
        i. Ms. Scott noted that the team would continue building new data-sharing functionality to support the implementation of the Health Michigan Plan.
        ii. Ms. Scott also mentioned that the team would help develop query capability into MiHIN Health Provider Directory to obtain electronic addresses for providers that need to receive lab results for patients.

       iii.   Ms. Scott also mentioned that the team has begun to work with MiHIN on receiving ADT messages for individuals in the Medicaid program. Ms. Scott noted that the importance of these messages to care coordination and population health analysis.

       iv.   Ms. Scott noted that the Data Hub team would continue to work on building the statewide infrastructure for HIE, which includes working on the Master Person Index and Provider Index.

       v.   Ms. Scott mentioned that MDCH is starting to work on the 2016-2017 Advance Planning Document in order to secure funding from the Centers for Medicare and Medicaid Services (CMS) for data sharing projects.

d. Chair Dr. Forzley asked whether providers would be able to query from their EHRs to the Michigan Care Improvement Registry (MCIR) for immunization records.

       i.   Ms. Scott noted that some discussions have taken place on whether individuals could access their immunization history through myHealthButton or myHealthPortal.

       ii.   Chair Dr. Forzley noted that the Legislature was exploring defunding MCIR.

       iii.   Dr. Pletcher noted that MiHIN was exploring the potential for the Active Care Relationship Service (ACRS) to help enable a "batch query" from providers for immunization records.

       iv.   Ms. Vanderstelt asked Dr. Pletcher to provide a quick explanation to the Commission of the ACRS use case.

       v.   Dr. Pletcher explained that physicians may submit ACRS files to MiHIN, which allows patient-provider attribution. He explained further that this attribution allows MiHIN to use HPD and ACRS to send alerts or notifications to providers through different use cases. He also noted that ACRS can be used for death notifications.

       vi.   Chair Dr. Forzley asked about whether the definition of "Active Care Relationship" had been standardized. Dr. Pletcher noted that MiHIN has primarily worked with primary care providers when building ACRS but explained that MiHIN has been talking with other providers about having a shorter "Active Care window" if necessary.

       vii.   Mr. Jeff Livesay noted that MiHIN is working on pilots for querying with Great Lakes Health Connect and Henry Ford Health System.

       viii.   Ms. Scott thanked MiHIN for their assistance with onboarding corporate pharmacy chains for the immunization reporting use case.

4. Chair Dr. Forzley introduced Mr. Ryan Koolen of the MDCH EHR Incentive Program and asked if he could present on the program's 2014 activities and 2015 plans. The PowerPoint slides for this presentation will be posted to the Commission website after the meeting

a. Mr. Koolen noted the registration numbers for the program are continuing to increase and that the program was still receiving a few FY 2013 registrations.

b. Mr. Koolen stated that $166 million has been paid to Eligible Providers and Eligible Hospitals under the program and that $83 million of that amount was paid for attestations for Meaningful use.

c. Mr. Koolen noted that the program is still on track to have 5300 Eligible Providers and 125 Eligible Hospitals participating in the program.

d. Mr. Koolen mentioned that the final flexibility rule issued by the federal government may result in some providers delaying attestation in 2014.

e. Mr. Koolen also noted that the CMS is expected to issue a Notice of Proposed Rule Making that will shorten the required attestation period for 2015 Meaningful Use reporting to 90 days.

f. Mr. Koolen also shared some highlights from the 2013 provider survey.
   i. Mr. Koolen noted that individual provider struggle more than groups with implementing EHRs.
   ii. Mr. Koolen also mentioned that providers that work with the Michigan Center for Effective Information Technology Adoption (MCEITA) have overwhelmingly approved of MCEITA's work.

g. Mr. Koolen also noted that Michigan would start the pre-payment and post-payment audit process for providers. He indicated that the Department often has trouble with receiving the necessary audit documentation from providers.

h. Mr. Koolen also provided an update on payment adjustments for Medicare.
   i. Mr. Koolen noted that providers must attest for FY 2014 by the end of February. He also indicated that MDCH will be sending a quarterly list of all attested Eligible Providers to the CMS, which should prevent payment adjustments for these providers.
   ii. Mr. Koolen noted that the number of attestations is rising as the deadline approaches and that 48 providers have currently attested under Meaningful Use Stage 2.

i. Chair. Dr. Forzley noted that traditional Meaningful Use funding is winding down and asked about the number of providers who have switched from Medicare to Medicaid to extend their funding timeline.
   i. Mr. Koolen stated that the deadline for participating in the Medicare program was 2014 while the deadline for the Medicaid program is 2016. He also noted that the CMS has not been very clear with its guidance on transitioning between the programs.
   ii. Mr. Koolen noted that providers would not likely sign up for the Adopt, Implement, or Upgrade (AIU) part of the program because providers would still be liable for Medicare penalties under AIU.
   iii. Chair Dr. Forzley asked Mr. Koolen if he could provide additional information to the commissioners on these points.
      a. Mr. Koolen indicated that providers must attest under Meaningful Use Stage 1 or 2 with Medicare or Medicaid to avoid a 1% penalty to their Medicare reimbursement rates.
      b. Mr. Koolen also noted that CMS increase the penalties on an annual basis and that providers are subject to additional adjustments under the Physician Quality Reporting System
      c. Chair Dr. Forzley emphasized that providers who fall into the penalty trap have a hard time digging themselves out of it.

5. Chair Dr. Forzley invited Mr. Bruce Maki of M-CEITA to provide an update to the Commission on MCEITA's 2014 activities and 2015 plans. The PowerPoint slides for this presentation will be posted to the Commission website after the meeting
   a. Mr. Maki provided some numbers to demonstrate the scale of MCEITA's activities in Michigan, which are included below:
      i. 5,500 providers have enrolled for MCEITA support
      ii. 4,400 providers have gone live on EHR with MCEITA support

   iii. Nearly 3,800 providers have successfully attested to Meaningful Use with MCEITA support

   iv. Nearly ¼ of providers who participated in the EHR Incentive Program used MCEITA services

   v. MCEITA is the 5th largest of Regional Extension Centers (REC) in the country

 b. Mr. Maki noted that MCEITA is required under Federal REC Program to support adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers.

  i. Mr. Maki noted that all 3 milestones for this goal had been met.

  ii. Mr. Maki also explained that MCEITA would be applying for a No-Cost Extension for funding in order to close out remaining accounts.

 c. Mr. Maki also highlighted MCEITA's work under the State Subsidized REC Program. He shared some numbers to demonstrate MCEITA's progress on the Medicaid Specialist Program, Stage 1 Expansion Program, and Stage 2 Expansion Program.

 d. Mr. Maki provided an update on MCEITA's work on the Million Hearts Initiative, which include the following programs:

  i. CDC-DP13-1305: Heart Disease Supplemental

  ii. CDC-DP14-1422: Health Systems Intervention

  iii. ASTHO Multi-State Learning Collaborative

 e. Mr. Maki also outlined some new projects that MCEITA is pursuing for 2015:

  i. Developing Technical Assistance programs for Meaningful Use Stage 3

  ii. Working on the Million Hearts Initiatives for 3 more years

  iii. Developing Technical Assistance programs for behavioral health providers

   a. Mr. Maki noted that behavioral health providers are one of the fastest growing groups of clientele for MCEITA.

   b. Mr. Maki indicated that MCEITA could assist providers with implementing electronic Consent Management Systems.

  iv. Developing Technical Assistance programs for Long-Term Post-Acute Care Providers

  v. Expanding Quality Improvement programs

  vi. Providing Technical Assistance programs for addressing issues with the Physician Quality Reporting System

  vii. Providing Technical Assistance for transitioning to ICD-10

 f. Commissioner Milewski inquired about the number of Eligible Providers in Michigan who have successfully attested to Meaningful Use.

  i. Mr. Maki and Ms. Anya Day noted that 5,300 providers are enrolled across all MCEITA programs. They also indicated that the assessment of the total number of Eligible Providers in the State was last done 2 years ago and that they could not give an updated number at this time.

  ii. Chair Dr. Forzley estimated that there are 30,000 to 40,000 Eligible Providers in Michigan.

 g. Dr. Dennis Olmstead inquired about the types of specialists who are participating in MCEITA programs. Mr. Maki replied that behavioral health providers are the largest group of specialists followed by dentists in second place.

E. HITC Next Steps

 1. Chair Dr. Forzley provided an update from the MiHIN Board on behalf of Co-Chair Patricia Rinvelt.

      a.   In her report, Co-Chair Rinvelt noted that MiHIN is working on a 5 year strategic plan that the next Board meeting will be held in April.

      b.   Dr. Pletcher clarified that MiHIN is working on HIE roadmap to show potential use case development over a 5 year time span.

2. Chair Dr. Forzley asked about how frequently the Commission should meet.

      a.   Commissioner Milewski stated that the Commission should meet every other month but remain flexible if an issue does arise.

      b.   Chair Dr. Forzley noted that the Commission has to meet once every quarter according to the Legislation.

      c.   Commissioner Dr. Notman asked for the HIT Office's opinion on this issue. Ms. Vanderstelt noted that the HIT Office is flexible and can accommodate different meeting schedules.

      d.   Commissioner Milewski suggested that monthly meetings should be left on the calendar but the Commission should try to meet every other month.

      e.   Commissioner Dr. Notman motioned that meetings should be held every other month, and Commissioner Hegeman-Dingle seconded that motion. The motion carried unanimously at 2:42 p.m.

3. Ms. Vanderstelt noted that the HIT Office was exploring the possibility of having the June meeting at the Connecting Michigan conference but would have to see if the Open Meetings Act would permit it.

4. Chair Dr. Forzley asked if the Commission should hold its next meeting in March.

      a.   Ms. Vanderstelt noted that Mr. Hunt Blair of ONC is scheduled to present the ONC Interoperability Roadmap in March.

      b.   The Commission agreed to hold their next meeting in March. Ms. Vanderstelt noted that the Commission can continue to review their schedule through the spring.

      c.   Commissioner Smith noted that the HIMSS conference is in April, and Ms. Vanderstelt replied that the Commission could potentially skip the March meeting.

F. Public Comment

1. Chair Dr. Forzley opened the meeting to public comment.

      a.   Ms. Helen Hill of the Michigan Health Information and Management Systems Society noted that the HIE Symposium would be held on April 12th. She also noted that the symposium would feature presentations from ONC and CMS and would focus on the "Network of Networks" concept and consumer empowerment.

      b.   Mr. Doug Copley of Beaumont Hospital provided an updated on the Michigan Healthcare Cybersecurity Council, which includes the following projects

         i.   Statewide Physician Identity Federation Pilot with MiHIN

         ii.   Healthcare Security Requirements authoritative source index

         iii. Recorded webinar on cybersecurity and physician liability (to be posted on the Michigan State Medical Society website)

         iv. Negotiated discounts for council members for ISOC membership

         v.   Information sharing on cyber threats

         vi. Cybersecurity guide for physicians

         vii. Establishment of health care functions in Alphaville cyber range

         viii. Formation of Cybersecurity Management Workgroup.

         ix. Development of cybersecurity training on a statewide basis

G. **Adjourn** – Co-Chair Dr. Forzley adjourned the meeting at 2:53 p.m.